April 26, 2004

CODING VTC

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&

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PASBA

The AMEDD's Link To Quality Information For Effective Management

Agenda

- Productivity Model
- Data Quality Issues
- Other DQ Issues
  - Key DQMCP Metrics
- Encoder Grouper Errors
- UBU-UBO Conference
- IBWA Issues
  - Excel: AMEDD Status
- CHCS II Web Site
- MHS Help Desk Web
- Phase I Coder Web Training Site
- Coder Vacancies
- ERMC Coder Vacancies
- VTC Schedule
- Dimensions of Performance
  - See separate presentation
- Questions ?

Productivity Models

- Average records per day (AHIMA) for coders with multiple responsibilities:
  - 19 Inpatient records
  - 24 Observation records
  - 29-37 APV
  - 83 ER
  - 70-108 Clinic outpatient visits
- This model brings us from **432** coders (GS and contract) in inventory (Fall 03) to **857** (Spring 04)
- This may or may not pass!
- This was provided to MEDCOM Manpower earlier this year

But wait there's more ways to measure prod--ctivity--

"There's still some work left in this one. Get him another pot of coffee."

Data Quality Issues

FROM THE DATA QUALITY MGMT CONTROL PROGRAM

- % of outpatient encounters coded within 3 business days of the encounter (2a.)
- % of APVs coded with 15 days of the encounter (2b.)
- % of inpatient records coded within 30 after discharge (2c.)
- Inpatient records: DRG (5.)
- Outpatient records: % E&M correct (6b.)
- Outpatient records: % ICD-9 correct (6c.)
- Outpatient records: % CPT correct (6d.)
- % completed and current DD2569 are maintained in the record (6e.)

% of outpatient encounters coded within 3 business days of the encounter (2a.)

- Do not code “anything” just to be “green” in the metric
- Report pressure to do so to your Commander
- Tel-cons are being removed from the calculation
- This should only apply to “office” encounters
- Stop blaming providers!
- Start helping them out -- it’s called teamwork!
- Help clinics establish “good” ADM pick lists if they don’t have coders
- We recognize the shortages of coders AMEDD-wide

% of APVs coded within 15 days of the encounter (2b.)

- Some MTFs report they can't make the 15 days because they are waiting on the pathology report
- There is no requirement to wait on the pathology report
- Dictation and loss or slow routing of records seem to causing problems as well – process needs to be fixed
- Must cross-train staff to cover APV coding!

% of inpatient records coded within 30 days after discharge (2c.)

- GWOT generated a backlog at several MTFs
- MTFs reporting business process problems with IBWA and overtime
- Coders wasting time doing chart assembly – must petition PAD and DCA to get a clerk or soldier to complete that task
- Dictation and loss or slow routing of records seem to causing same problems seen in APV records – process needs to be fixed

Inpatient records: DRG (5.)

- Be sure not only is the DRG correct, but:
  - Is the DRG and the Principal Dx in agreement
  - Is the DRG & Principal Procedure in agreement
  - Is the Date of Birth correct
  - Is the Gender correct
  - Is the Admission Date correct
  - Is the Discharge Date correct
  - Is the Disposition correct
  - Are the Principal Dx/Secondary Dx & Principal/Secondary Procedure(s):
    - Accurate, documentation supported, sequenced correct, reported, code(s) specific enough, and/or the correct condition(s)

Outpatient records: % E&M correct (6b.)

- Stop blaming errors on providers!
- Providers are not coders
- If you are not using 1997 guidelines – migrate now as CHCS II inches closer
- Must take responsibility to assist ALL clinics and correct outdated or incorrect ADM pick lists
- If corrective actions are taken – who, what, when, where, how must be reported to PASBA DQM per DSG
- Not enough feedback being provided to coders or coders
- Bring records, audits sheets, and work through errors
- Remember to use PM for well-baby, PE, flight medicine exams and well-woman exams
- No tech/nurse 99211 codes with provider visits

Outpatient records: % ICD-9 correct (6c.)

- Stop blaming errors on providers!
- Providers are not coders
- Can't expect a provider to understand specificity, modifiers, extender codes, sequencing or edits…not to mention their ADM pick lists are probably pretty limited
- Do not use V68.1 for every Rx refill – unless it was the reason for the visit
- Same goes for allergy V15.0x – it isn't necessary unless it is "pertinent" to the treatment
- We are making this too hard on ourselves in the audits!
- Coding and auditing these encounters is not about getting every possible code – it's about getting the "key" codes for data quality and billing

Outpatient records: % CPT correct (6d.)

- Stop blaming errors on providers!
- Providers are not coders
- Procedures are easy, we should be doing better!
- **{CORRECTION FROM FEB VTC}** Do not code **99071** for supplies/pamphlets unless your clinic/MTF **PAID** for them (freebees from medical/professional affiliations can not be coded)
- Reminder: Do not code 99199 anymore -- reserved for future APV use
- Double-check: Behavioral Health/SWS/FAP behaviors in coding “family” therapy – tendency to enter all as patients
- Don’t forget HCPCS

% completed and current DD2569 are maintained in the record (6e.)

- DSG insists this must be accomplished now
- Business processes are obviously not effective
- Physically go see what is happening – go do it daily!
- Follow-up is the only way this will effectively be corrected
- When you audit your records – are you auditing from “recent” visits?
  - So there is an expectation that the form should have been completed
- Or are you “randomly” auditing?
  - Which means you are auditing charts of patients who have not been in the MTF and have never seen the form

Other Data Quality Issues

- Hiring qualified/certified coders
- Contracting coders
- Training
- Coding resources
- Staff turnover/shortages
- Improper coding/documentation errors
- Misinterpreting coding guidelines
- Backlogs: coding and dictation
- Lack of effective business processes
- Lack of emphasis on the right business processes

{Encoder Grouper Error} 1 of 2

- The short (i.e., 60 character) narrative in E-G for ICD-9 **655.13** incorrectly states **POSTPARTUM** instead of **ANTEPARTUM**
- This discrepancy is present as far back as the 1997 E-G Baseline
- CITPO tested the impact of the narrative being incorrect and found no effect on processing
- Use the “Edit Diagnosis Data” window to change POSTPARTUM to ANTEPARTUM
- The narrative is then saved correctly back to CHCS
- This will be corrected in the FY05 release

{Encoder Grouper Error}

2 of 2

- A help desk call was received in reference to E-G ICD-9 **517.3** Acute Chest Syndrome
- It has been determined that the STU ICD-9 File, that was deployed in October 2003, has the newborn warning flag for this code assigned incorrectly
- The user will receive a warning within CHCS
- A user that receives this warning can simply force approve the record and continue as normal
- This will be corrected in the FY05 release

UBU-UBO Conference

2004 UBU-UBO Conference
July 12-15, 2004
Town and Country Resort Hotel
San Diego, CA

Information regarding hotel reservations and conference registration coming soon!

Slots will be limited – maybe 50+ for coding personnel

IBWA Issues 1 of 3

- Changing an admission time or the time of birth, any coded IBWA RND in a T or I status will be deleted if it falls within the “change” time
- IBWA does not have any prompt or report to tell the coder that the RND has been deleted
- PASBA will recommend a systems change request (SCR) or (SIR) to either prevent deleting the RND and prompt the coder to adjust the coded RNDs date or time or create a report that identifies these changes
- In the meantime, create a process with you’re A&D staff that warns you of changes before they make them

IBWA Issues 2 of 3

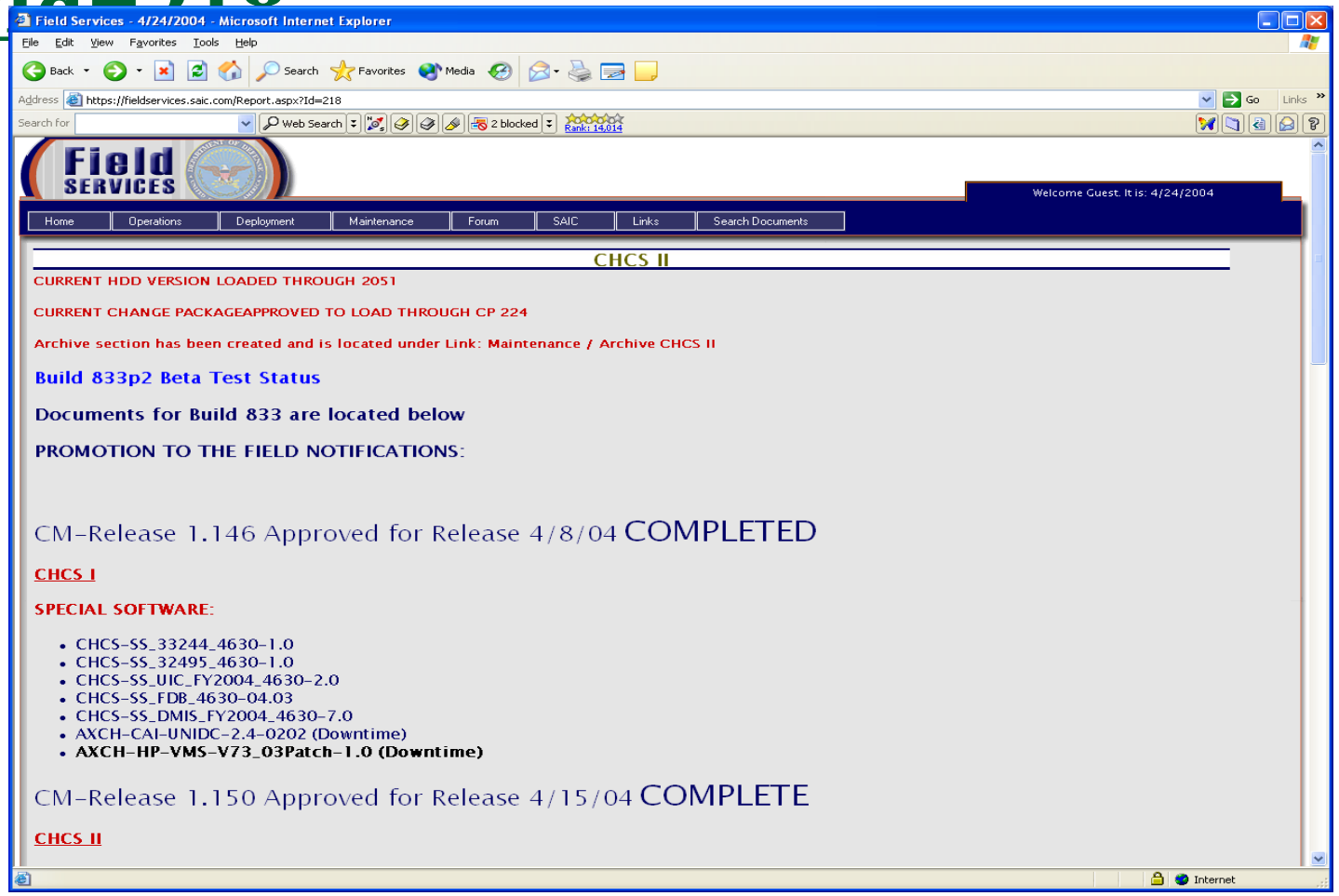
- A small number of MTFs believe concurrent chart coding is time consuming for coders
- It might be that a best practice is needed
- Remember, not all RNDs completed by the physician can be coded – concurrent coding can go fast if documentation is missing, but you should also be tracking the attending down to clarify the missing note
- Anyone can cancel a RND
- PASBA will recommend a SCR or SIR for a new report that indicates “cancelled by”

IBWA Issues 3 of 3

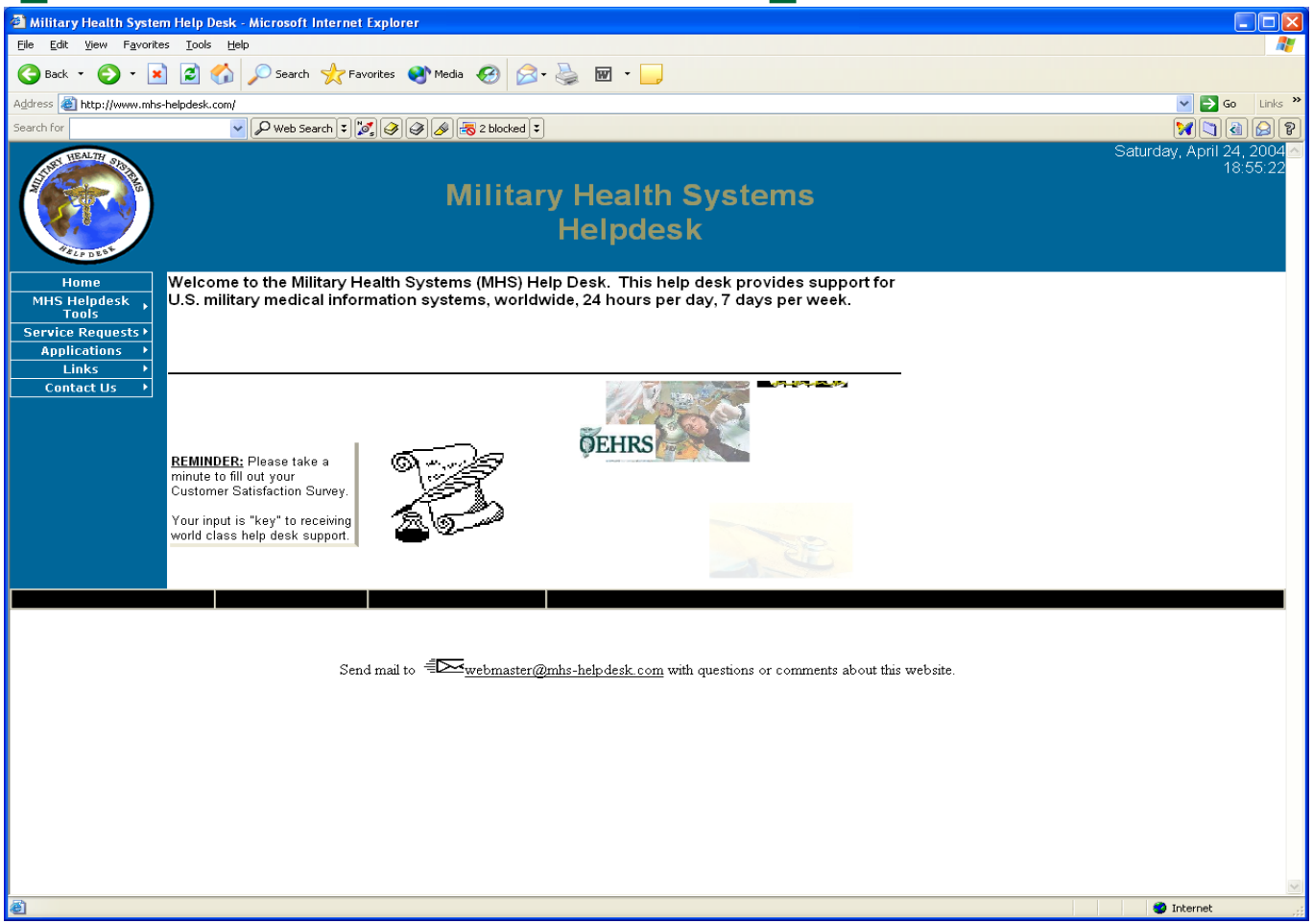
- Remember: RNDs drop off after 30 days
- Retrospective coding for admissions with extended LOS are likely to lose RNDs
- Consider trolling for RNDs around 5, 10, or 15 days into the LOS – whatever works best for your coder situation
- Remember: RNDs are not “consultations
- Consultations go back to the B MEPRS clinic and use office outpatient consultation codes, not the IBWA inpatient codes

CHCS II Info:

https://fieldservices.saic.com/Report.aspx?Id=218

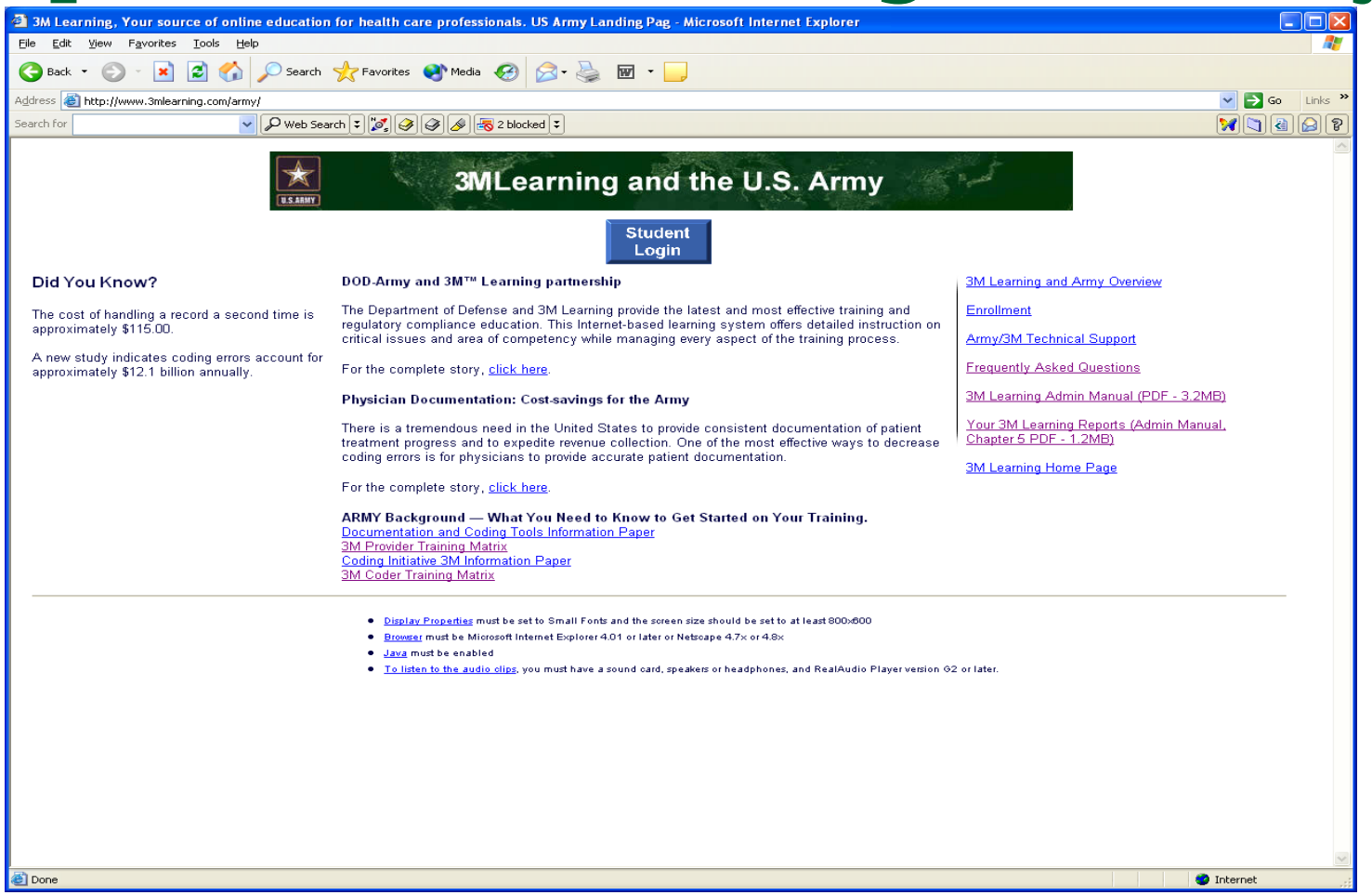

Field Services - 4/24/2004 - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address https://fieldservices.saic.com/Report.aspx?Id=218
Search for Web Search 2 blocked Rank: 14,014
Field SERVICES
Welcome Guest. It is: 4/24/2004
Home Operations Deployment Maintenance Forum SAIC Links Search Documents
CHCS II
CURRENT HDD VERSION LOADED THROUGH 2051
CURRENT CHANGE PACKAGEAPPROVED TO LOAD THROUGH CP 224
Archive section has been created and is located under Link: Maintenance / Archive CHCS II
Build 833p2 Beta Test Status
Documents for Build 833 are located below
PROMOTION TO THE FIELD NOTIFICATIONS:
CM-Release 1.146 Approved for Release 4/8/04 COMPLETED
CHCS I
SPECIAL SOFTWARE:
CHCS-SS_33244_4630-1.0
CHCS-SS_32495_4630-1.0
CHCS-SS_UIC_FY2004_4630-2.0
CHCS-SS_FDB_4630-04.03
CHCS-SS_DMIS_FY2004_4630-7.0
AXCH-CAI-UNIDC-2.4-0202 (Downtime)
AXCH-HP-VMS-V73_03Patch-1.0 (Downtime)
CM-Release 1.150 Approved for Release 4/15/04 COMPLETE
CHCS II
Internet

MHS Help Desk:
http://www.mhs-helpdesk.com/


Military Health System Help Desk - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address http://www.mhs-helpdesk.com/
Go Links
Search for Web Search 2 blocked
Saturday, April 24, 2004
18:55:22
Military Health Systems
Helpdesk
Home
MHS Helpdesk Tools
Service Requests
Applications
Links
Contact Us
Welcome to the Military Health Systems (MHS) Help Desk. This help desk provides support for U.S. military medical information systems, worldwide, 24 hours per day, 7 days per week.
DEHRS
REMINDER: Please take a minute to fill out your Customer Satisfaction Survey.
Your input is "key" to receiving world class help desk support.
Send mail to webmaster@mhs-helpdesk.com with questions or comments about this website.
Internet

Phase I Web Training:

http://www.3mlearning.com/army/

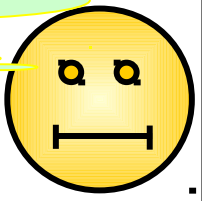

3M Learning, Your source of online education for health care professionals. US Army Landing Pag - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address http://www.3mlearning.com/army/
Go Links
Search for Web Search 2 blocked
3MLearning and the U.S. Army
Student Login
Did You Know?
The cost of handling a record a second time is approximately $115.00.
A new study indicates coding errors account for approximately $12.1 billion annually.
DOD-Army and 3M™ Learning partnership
The Department of Defense and 3M Learning provide the latest and most effective training and regulatory compliance education. This Internet-based learning system offers detailed instruction on critical issues and area of competency while managing every aspect of the training process.
For the complete story, click here.
Physician Documentation: Cost-savings for the Army
There is a tremendous need in the United States to provide consistent documentation of patient treatment progress and to expedite revenue collection. One of the most effective ways to decrease coding errors is for physicians to provide accurate patient documentation.
For the complete story, click here.
ARMY Background — What You Need to Know to Get Started on Your Training.
Documentation and Coding Tools Information Paper
3M Provider Training Matrix
Coding Initiative 3M Information Paper
3M Coder Training Matrix
3M Learning and Army Overview
Enrollment
Army/3M Technical Support
Frequently Asked Questions
3M Learning Admin Manual (PDF - 3.2MB)
Your 3M Learning Reports (Admin Manual, Chapter 5 PDF - 1.2MB)
3M Learning Home Page
Display Properties must be set to Small Fonts and the screen size should be set to at least 800x600
Browser must be Microsoft Internet Explorer 4.01 or later or Netscape 4.7x or 4.8x
Java must be enabled
To listen to the audio clips, you must have a sound card, speakers or headphones, and RealAudio Player version G2 or later.
Done
Internet

Coder Vacancies

- GS 12 at PASBA – position closed
- GS 12 at ERMC HQ
- Various other positions around Germany
- Others???

Landstuhl Coder Staffing

MTF	Status of LRMC Coders	Comments
LRMC Hilltop	**1 of 1 Medical Records Administrator** > 7 of 7 Outpatient hired **1 of 1 Outpatient Coding Supervisor** >** 1 of 1 Coding Auditor 3 of 3 Inpatient Coders 1 of 1 Inpatient Coding Supervisor **GWOT funded coders** **Contract coders for GWOT backlog** >	**< Now on board!** **< Now on board!** **NOTE: Projecting 5 O/P coder losses** **< 2 Coders on board 22 Dec**
Baumholder	1.5 of 1.5 Coders >	< Approved hiring of 2nd coder 12 Jan
SHAPE	1 of 1 Coder	
Wiesbaden	2 of 2 Coders	
Vicenza	1 of 1 Coder & 0.5 of 0.5 FTE	
Livorno	0.5 of 0.5 FTE	**< Evaluating need for full-time / funding**
Dexheim	0.5 of 0.5 FTE	**< Evaluating need for full-time / funding**
Kleber	0.5 of 0.5 FTE	**< Evaluating need for full-time / funding**
NATO	0.5 of 0.5 FTE	**< Evaluating need for full-time / funding**



Contact John Mattern

Wuerzberg Coder Staffing

MTF	Coders Hired	Formal Training	Comments
Wuerzburg Hospital	**6** of **6** (2 CCA) **1** of **1** Auditor RHIT; CCS-P **0** of **1** Supervisor **3** of **3** Inpatient / APV **1** of **1** Medical Records Administrator; RHIA **Other Related Support:** **2** of **2** Transcriptionists **1** ADM Manager (CCA)	**5/6 Outpatient** **2/3 Inpatient** **0 / 2 MSA Clerks (itemized billing)**	Experienced coders mentoring **Supervisor**: Pending start date (June) **Medical Records Administrator: Recruiting through Delegated Examining Unit (DEU)** **ADM Manager (PCS June 04): Recruiting**
Bamberg	**1** of **1**	**1 / 1**	
Giebelstadt	.**5** of .**5**	**0 /.5**	
Grafenwoehr	.**5** of .**5**	**0 / .5**	
Hohenfels	.**5** of .**5** (CCA)	**5 / .5**	
Illesheim	**.5** of .**5**	**0 /.5**	
Katterbach	**1** of **1**	**0 / 1**	
Kitzingen	**1** of **1** (CCA)	**1 / 1**	
Schweinfurt	**1.5** of **1.5** (1 CCA)	**1.5 / 1.5**	
Vilseck	**1.5** of **1.5** (1 CCS)	**0 / 1.5**	

Contact John Mattern

Heidelberg Coder Staffing

MTF	Coders Hired	Coder Certification	Comments
Heidelberg Hospital			▪One coding vacancy: (Ortho/PT/OT) Coder selected, expected start date 19 APR, pending processing ▪**Coder DEROS is JUN 04** ▪ **Clinics without coders: General Surgery; Ortho OT/PT/Cast; Ambulatory Care; Physical Exams; OB/GYN; Immunizations; SWS; Psych; Nutrition Care; Coumadin; CHAMPUS; Flight Medicine**
Butzbach			
Darmstadt			
Hanau			
Mannheim			
Stuttgart			
Buedingen & Freiberg			
Coleman			**Pending Hire Action; announcement closed 12 APR**
Buedingen			**Pending Hire Action; announcement closed 12 APR; Vol scheduled for OJT 19 APR**

Contact John Mattern

VTC Schedule

- Monday, 24 May 04
- Monday, 28 June 04
- Monday, 26 July 04
- Monday, 23 August 04
- Monday, 27 September 04
- Monday, 25 October 04
- Monday, 15 November 04
- Monday, 20 December 04

QUESTIONS

www.pasba.amedd.army.mil